



BUSINESS CUSTOMER ACKNOWLEDGMENT CHANGE TO AUTHORIZED SIGNING OFFICERS

Business Name: _____ **Membership Number:** _____

TO: COAST CAPITAL SAVINGS FEDERAL CREDIT UNION (CCS)

The undersigned hereby acknowledge and inform CCS of a change to the officers and/or other persons authorized to sign on behalf of the Business Customer in the accounts under the Membership indicated above. The following former signing officers are to be removed, and the newly designated signing officers are to be added:

| POSITION/TITLE  | FORMER OFFICER NAME (signer to be removed)  | NEW OFFICER NAME (signer to be added) |
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All changes must be authorized by remaining signing officer(s) or by the above former signing officer(s). 

Partnership – All partners must sign.

Corporate Partnership – All partners must sign. The officers authorized on behalf of each corporate partner.

Corporation – The required number of officers to sign on behalf of the corporation.

Unincorporated Organization - The required number of officers to sign on behalf of the organization.

Joint Venture – All participants must sign. The officers authorized on behalf of each participant.

| | | | | |
|------|----------|-----------|----------|-------------------|
| Name | X | Signature | X | Witness Signature |
| Name | X | Signature | X | Witness Signature |
| Name | X | Signature | X | Witness Signature |

Dated At _____ this _____ day of _____, _____
Location Day Month Year